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CATALOGING AND CLASSIFYING FOR A MEDICAL LIBRARY.

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(Papers read at Meeting of the Medical Library Associations, June, 1919).

In these days of library schools and library training, many of you will doubtless look upon my remarks as a needless repetition of some of the elements of library technic; but I should like to call your attention to certain general principles applicable to such work.

Our aim should be to make the resources of the libary fully and clearly available and afford prompt service, but at the lowest possible cost of the library consistent with good service. Large collections of books and pamphlets can have their greatest value only when they are so arranged as to be fully available for the public and put in such shape as to be cared for properly by the libary staff. No matter how small the library, it is well to remember that money, time and labor will always be saved if proper methods of work are adopted in the beginning. The small library of today is the large one of tomorrow.

Expert library workers are apt to forget that their catalogs and classification schemes are for the use of the public and consequently should be made as simple as possible consistent with good work. Librarians should bear in mind that their institutions are being maintained for the public and not for the staff.

Be open to suggestions and prepared to make use of any good ideas that may come to your notice, but beware of making radical innovations in your methods. A definite working policy should be formulated and inside this policy heads of departments should be allowed some initiative and made responsible for their work, subject to supervision by the Librarian.

By good methods and system efficiently applied the reader is satisfied, the attendance not overworked and the library safeguarded by proper records.

Accessioning, shelf-listing, cataloging and classifying are the four important operations in preparing material for use in the library.

Accessioning and shelf-listing are the means used to keep track of the books in the library, while cataloging and classifying serve to make the material available to the public. The accession record is no longer universally considered essential. The A. L. A. in 1917 found that 35 out of 130 libraries reporting on this question had discarded the use of accession numbers. It is usually con-

sulted for the source and cost of items and for identification of multiple copies of the same work. This information can be supplied by other records. The accession record does not indicate through its numbers the true numerical condition of the collection. The memorandum account is much better for this purpose. The accession record can be used in a modified form, lots being entered as a whole and given a collective number instead of individual accession numbers for each work, thus serving all the purposes of the libary and being economical of time and labor. A means of identification is afforded and the source is given. The cost is transferred to the order book under the collective number and duplication of records is minimized. The cost now-a-days is also generally entered in the book by the order department. This may seem a small matter but if you give these small matters your attention and consolidate and simplify your methods so far as is possible with good work you will soon notice a decrease in your costs.

The shelf-list is one of the essential records of any well-ordered collection and the best modern practice is to use cards for this record. A card shelf-list is elastic and easily brought to date without destruction of previous work, while in the book form the sheets have to be rewritten constantly. A card list is economical of time, labor and material and it is indispensable in making an inventory. As a matter of fact, it is the official stock-book of the library. It should give the history of any particular volume from the time it enters the library until its final disposition. Aside from its principal use, from it the librarian can get an idea of the contents of the collection by classes, thus determining the relative growth of subjects. It can be used by the catalogers as a partial subject catalog, but not a complete one, as it makes no provision for analytical or collective entries, each item being represented by a single entry.

Cataloging. A satisfactory catalog should clearly show all the resources of the library on any given subject as well as all the available works of any author. It will also indicate by the class number where a work may be found.

In my opinion the form of catalog best adapted to medical libary use is the so-called dictionary catalog in which all main, added and subject entries and all references are filed in one alphabet. It is the most useful for quick and ready reference. Subjects and authors are closely related and should not be separated.

Expert catalogers differ as to minor details, and for this reason and to save the time constantly wasted in the discussion and consideration of minor points, every libary should have its own set of catalog rules to which it should adhere. You may have good cataloging without a definite set of rules but it is then an individual matter and your work is liable to become non-uniform and inconsistent. Rules carried in the head are not by any means the same as a definite set on paper. It is immaterial whether you use the A. L. A., the Cutter, the Library School or any other good set. Select

one, make your own personal emendations, officially adopt the rules and then follow them.

Remember that your catalog should aim at the greatest convenience to the greatest number. Try and put yourself in the place of the reader and get his point of view, which will help you in your work. The small as well as the large library has need for a full analytical catalog of its resources. Each work should be searched for its hidden subjects, which very often do not appear on the title. Have a uniform series of subject headings. Make as many subjects as you like, but do not place subject cards in your catalog until you have something on the subject.

Use sufficient references, both "cross" and "see", to make your catalog usuable. Be careful not to overload; readers dislike "see" and "see also" cards. Do not cross-refer and leave your subject hanging in space. Have something to refer to when you use the cross-reference. Adopt a definit style of card in order to secure uniformity.

If possible in the large library an official catalog of authors should be kept for the library staff. Such a catalog is a great convenience, facilitates the work, saves time and labor.

In 1914 I made a test of cataloging in which the cost per title averaged .1058 cents. I have recently made a similar test to determine the cost under war conditions. Salaries have increased about 30% and material 100%, and the cost per title has advanced to .14 cents.

Classification. Without discussing the comparative merits of the great schemes of classification as applied to medicine, I should like to make a plea for a special standardized medical classification.

Classification as applied to bibliographical work is quite different when applied to actual books and pamphlets. One can divide and sub-divide indefinitely, on paper, where it is possible to make multiple entries to cover the various topics, but such minute subdivision can not be successfully applied to books where only one location can be made. The object of classification is to bring together as many books as possible on a given subject and to bring together as many books as possible on a given subject and to bring related subjects together. It is impossible by means of classification to bring together on the shelves all the resources of the library on any one subject, although they can be catalogued perfectly on cards by means of necessary analytical and subject entries.

A good scheme should be broad and yet elastic, admitting of extension without dismemberment. It should be logical or in other words seem to follow a natural order. It should be adaptable to the small as well as to the large library. The notation should be simple, easy to read, write and understood. When the classification is too close the notation scheme becomes too complicated and consumes too much time of the classifiers and is very apt to be misread by the public. Special classification should be made to meet

the needs of particular fields of knowledge. It is much better for the large special library to formulate its own scheme than to try and adapt one of the large systems of its needs. The great systems of classification, the Dewey, Cutter, L. C., etc., have been formulated to cover the whole field of knowledge and consequently are not particularly adapted for a medical collection. In these systems the biological sciences, medicine, science, and collateral material are separated, whereas in a medical collection these subjects should be co-ordinated and brought into one notation.

The Dewey decimal system derives its name from its division of knowledge into ten great divisions, each of whom is again subdivided into ten, and so on ad libitum. It can not be applied to medicine, as we see it, without a cumbersome notation. Notation and classification are closely related and dependent to a considerable extent on each other. The class scheme should not be such as would call for an extensive and cimplicated notation. The Boston Medical Library classification of medicine has 36 main divisions for books alone, and I should find it next to impossible to place them in ten sections and I should not care to charge their order of arrangement to any great extend. Our notation is a simple one in which we use figures for the grand divisions, letters for sub-divisions and each volume is given an arbitrary number. Ninety per cent of our classes have only a two unit class symbol while the remainder are confined to three. To these is added the book number which is always separated from the grand division number by the letter of the sub-division. We find that this simple notation works out very well in practice. It is easily understood and copied correctly on the call slips by the readers, and inexperienced boys and girls can get the books without any knowledge of languages or authors. This notation scheme is particularly adapted to congested conditions, which are not uncommon in medical libraries. We have no so-called "miscellaneous" section, the pit-fall for the classifier. The presence of such a section is an indication of weakness, as in a good classification all material should be assignable. A multitude of uncertain points will arise and must be settled arbitrarily. As it is important that questionable material should always be placed in the same class, it is a good plan to have a check list of such subjects showing where they have been assigned hitherto.

Consistency is one of the virtues of good classifying and for this reason the classifying should be put in charge of one competent person who should do all of the class assigning. Even expert classifiers will differ in point of view so that it is much better to have all the work done by one person with its resulting uniformity. In classifying try to view the work as a whole. It may well be that the author intended to write on one particular phase and achieved something much broader. Never classify by the title alone, the contents of the book should be consulted. Too much time should

not be given to minute and exact location as such a policy will very materially increase the cataloging cost.

At the first meeting of this Association held in 1898, Dr. Gould suggested the appointment of a permanent committee on "Library management, technic, devices, binding, etc." I am rather surprised to find no mention made of the appointment of such a Committee as to my mind that would have been a very important and valuable adjunct to the work of the Association.

I now suggest the appointment of a permanent committee on "Library management and methods." To such a committee could be referred all questions relating to classification, bibliography, cataloging, etc, as applied to medicine.

MEDICAL LIBRARY EXTENSION.

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Before beginning I am going to ask you to bear in mind two things:

1st. This is not intended as a formal presentation of the subject but merely as an introduction to a discussion in which it is hoped all will participate.

2nd. The Library from which it emanates is not connected with either a medical society or a college, but is a free public library, open to all citizens of a great state, and thus its methods and problems are different from yours in many respects.

Library extension has two meanings: the establishment of new libraries, or the enlargement of the scope and activities of libraries already in existence.

Special effort is constantly being made by library commissions and other centralized agencies to plant libraries broadcast throughout the states, especially in small communities, and to encourage their growth, but small medical libraries, on the contrary, are apt to spring up without external assistance wherever a group of men feels the need of a larger number of books than their private libraries afford. These collections are sporadic and often of uncertain growth, frequently lying dormant for years after the first enthusiasm dies, because the expense of maintenance becomes a burden in a small community. It seems unnecessary to encourage the increase of these libraries either in number or size, beyond the possibility of fitting them into the general scheme of library extension in the second sense, hereinafter outlined; i. e., the extension of the *use* of medical literature.

"The modern librarian", Mr. Bostwick says, "is a sort of book missionary; he conceives it his duty not only to gather and conserve a collection of books, but to promote the proper use of books throughout the community. He is anxious that none of his books should remain unused and that no citizen within his jurisdiction should fail to read." This is as truly the aim of medical as of general librarians.

At a recent State educational congress held in Albany one of the speakers said: "Efficiency alone does not count; it must be the servant of an *ideal.*"

Efficiency is defined in the dictionary as "The state of possessing adequate skill or knowedge for the performance of a duty or calling". An efficient person is one "having and exercising power to produce results".

According to the quotation above, it is necessary that there should be held up an ideal toward which we should work to produce results. In library school we were repeatedly told that the library ideal should be "the greatest good to the greatest number".

Our professional libraries may contain on their shelves "the greatest good" in medical literature but until "the greatest number" are brought into personal touch with these resources, they fail to meet the ideal and in so far are they inefficient. The devising of some means of bringing more medical men and medical books into active helpful relations with one another is the object of this discussion and the ideal to be held before us all.

Probably no library represented here is used to the limit of its facilities, and busy as most of us are, it would rejoice our hearts to have still more demands upon our time, if those demands might mean a wider circulation of the valuable medical literature standing idle on the shelves so large a part of the time. We know how small a proportion of the medical profession much of it reaches.

There are two sides to the problem. The first and most difficult that of awakening the desire in the busy practitioner, or in the one who has merely lost the reading habit, either through indifference to literature as a means of keeping up with his profession, or because of the inaccessibility of books. Second, and perhaps the more practical aspect, that of putting the library and its facilities before the professional public in such a tempting way as to be irresistible.

We expend our energies preparing our wares to serve, but it is often like setting a banquet before guests who are not hungry. What tonic can we prescribe to "whet the sluggist appetite" of the medical profession. Very few are likely to have indigestion from overeating. A few readers perhaps devour too much of one kind of mental food—have too monotonous a diet—and some even indulge in what seems to others unsavory. All three of these classes of physicians we must treat—those without taste for books, as well as those with perverted or abnormal appetites. How shall this be done?

In most cases, surely, the appetite has not failed because of satiety, for private libraries among physicians are small, as a rule, few, living under modern conditions, being able to afford room to keep a library up to date even in a single specialty.

General public libraries use various methods to accomplish this same end,—of bringing books and readers together—by some of which we may well profit though all do not apply to *special* libraries. We differ even among ourselves as to the most useful methods, those practical for a public library, such as I represent, not being necessary always for a library whose circulation is limited to membership in a definite organization. The library of a medical society, having a building which is the center of its activities, has a vast advantage over the independent library where there is no active membership to share responsibility and nothing but books to draw readers to the building. From the very nature of our respective foundations the problem at the New York State Library differs from yours in society libraries, but the same general plan might be worked out for any *state* library, whether it be established at public expense or by a medical society.

The ideal organization would seem to me to be a *large* centralized state library, with as complete a collection of medical literature as available funds permit, and subsidiary to this a small working collection of medical books and current periodicals in every large center of the state, at least one in each county, under general supervision of the county society, in as central and accessible a place as possible to make it convenient to the largest number of physicians. By a system of interlibrary loans, this plan would make accessible to every physician in the state all the resources of the central library. These loans may be either deposit libraries, changed from time to time, or selected references on topics of interest to the local society as a whole or to individual members of it. To carry out this plan most successfully necessitates the employment of a librarian in each county to act as a medium between patrons and the central state library.

Perhaps this scheme is too ideal to meet approval of small communities on whom a large part of the expense would fall.

In New York State any medical library, whether belonging to a society, a college, a hospital or other institution, is considered within the field of our activities for interlibrary loans and with these we deal usually through the librarian rather than with individual staff members. Instances of this are Clifton Springs Sanatorium, Syracuse University Medical Library, General Electric Co. Laboratory, Schenectady, Endicott-Johnston Co. Industrial Welfare Library, local city hospitals, etc.

From the State Library, because supported by State appropriation, we loan also directly to individual physicians licensed in the State, paying transportation one way.

This raises the question of extension by *delivery* of books, either by mail or messenger, the library sharing with the reader the expense of this service. The precedent has already been established by general libraries where both state and county delivery service is in vogue, in some places carrying this to the extreme of peddling books from door to door by wagon or automobile, in isolated communities. Delivery saves the doctor's time, which is the strongest argument in its favor, since it is for his benefit we exist. While it makes it unnecessary for him to come to the library, it involves doing a wide range of reference and research work for him, which seems legitimate and justifiable. This might be termed library extension by correspondence. Special libraries in other classes do this work, notably the Engineering Library in New York City. Why should not medical libraries do the same for the profession they serve? A fee might be charged to cover expense if there is objection to its being borne by the common fund which supports the library, which latter plan is to my mind the more ideal arrangement.

For those readers who come to the library the best method of facilitating the use of books is easy access to them—the open shelf, the pros and cons of which are to be discussed elsewhere in this meeting. Another aid to circulation is the display of new books. This might fall under the head of library advertising in a conservative way, but any advertising done *within* the library, such as posters, book exhibits, etc., reaches only those who come to the library and who need least urging to read, however much they enjoy having tempting books displayed within easy reach.

If it were feasible to arrange exhibits of new or rare books somewhere outside the library, preferably where physicians congregate, this might prove a stimulus to use of books, but the space for this at large gatherings is usually prompted by publishers who might oppose library advertising as detrimental to their business.

Advertising that will *attract* those who seldom or never come to the library is the harder problem and more necessary of solution. I use the word *attract* advisedly because this group of people so often fail even to look at what is thrust upon them in the way of library news. Circulars, book lists, letters, library statements or reports are all usually unheeded. (Library reports, I admit, are usually as dry as the dust on the shelves.) Printed matter is often not even opened; other things are glanced at and thrown aside.

How are we to reach them? The personal touch—the individual address—seems the only successful method and that involves difficulties of time and expense.

We have tried sending notices of the library to secretaries of county societies, requesting that the information be presented verbally in meeting, not read as a formal notice, but either the latter course is followed, or the attendance is very small so that only a few get the news, or the secretary forgets it entirely. The same is true at state meetings.

If it were possible for the *librarian* to visit each county group, plan a library evening, taking with him or her some of the newer books and periodicals of current interest, as is done at general library institutes, the tangible presentation of a little part of the library before their very eyes might awaken the conciousness of its existence and a curiosity to know more of its contents. But this again is a very expensive method.

Many of the state medical societies support a journal which may easily be utilized as an advertising medium. Where there is no society organ, other journals which reach the community served by the library can sometimes be induced to give space to library news items or book lists in each issue. (Note Albany Med. Annals.) Reprints of these items, sent individually to physicians, are often mutually helpful. At our library we try to notify doctors by postcard of the receipt of anything new on topics in which they are particularly interested. Such service meets with appreciation and often leads the doctors to advertise the library among themselves by passing on word of the source of help they have found.

The New York State Library has extended its facilities to include nurses, public health officers, child welfare workers, scientific laboratory investigators and school medical inspectors. These groups of workers, whether because their activities have not lost the charm of novelty, or because they realize the loss of literary background in their preparation for work into which many of them have been pushed by force of social developments without deliberate planning on their part, or, as in case of the laboratory staff, because their work demands constant study, all welcome offers of help from the library and give heed more readily to notices and suggestions than do physicians, some of whom fail to see the need of continuous study and others of whom are too busy to attend.

The State Library facilities have been presented to many of these groups personally by the librarian, at conferences held in Albany (and occasionally at other places as in the case of the State Nurses Association convention in Rochester last fall) and by the State officials in charge of school medical inspection, school nursing and public health nursing (under the State Department of Health)

A year ago the National Organization for Public Health Nursing announced its intention of circulating package libraries among its members all over the United States. On the invitation of the State Medical Library, which was already doing that work for New York State, a conference was held at which it was decided to refer all requests from New York State nurses to the State Library, and this suggestion resulted in an agreement with some representative library of each state to serve the nurses of its commonwealth instead of sending all packages from the central office in New York City. The National organization supplies these libraries with reprints and pamphlets pertaining to public health and indus-

trial nursing and sends periodically bibliographies of related topics from all current literature. This is true cooperation and real library extension, for its announcements through the Public Health Nurse have created a considerable demand for literature and added materially to our list of borrowers.

The State Library has recently published, at the instigation of the Division of School Medical Inspection, a selected bibliography of "health as related to the school child," which is being sent broadcast over the State to medical inspectors, nurses and teachers, with a statement that the books listed as well as others on the same topics, may be borrowed from the State Library if not available in local libraries.

Industrial medicine, including nursing and social welfare work, is rapidly coming to the fore. As fast as we can obtain information of firms undertaking this work, we attempt to get in touch with the force, offering them the facilities of the library.

A point of vital importance in retaining interest in the library after the habit of use has been begun, is the *prompt* accession of the best new books. A library which has means to acquire almost everything finds this easy and those libraries which are beneficiaries of members or publishers also have the advantage here, but those with small incomes requiring careful selection are sometimes hard pressed to meet demands with discrimination. Poverty is as great a hardship to a library as to an individual.

No originality is claimed for the suggestions set forth in the paper. They embody the ideals toward which we have tried to work in our own library. Many of them have been tested with varying success; others are still mere suggestions which may perhaps have been proved elsewhere. All are offered in hope of starting a discussion which may lead to more valuable or practical suggestions from others.

SMITHSONIAN INSTITUTE.

International Exchange Service.

Shipments are now being forwarded to all the old established countries except the following: Austria, Bulgaria, Germany, Montenegro, Roumania, Russia, Serbia and Turkey. With the exception of Turkey and Russia, the governments of the above-named countries have been approached by the Smithsonian Institute with a view to the resumption of exchange relations. If favorable replies are received the Institution will notify the Association.

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THE VALUE OF ASSOCIATION MEETINGS.

If you will look about at any society meeting you will find that it is usually attended by the individuals who are foremost in their profession. They are always the ones who can find time to get away to meet their fellow workers, to exchange ideas, and to come home refreshed and stimulated. Of course the set program is usually of value, the papers, the visits to institutions and the discussions; but perhaps of just as great, if not greater value, are the numerous pieces of information that are picked up in the course of the day, over the breakfast table or on the hotel porch. Bits of information which will not be found in books and journals, and which rarely come out in the papers or in the formal discussions.

Then there is another point to be considered and that is the meeting, and knowing, and having as friends, the workers in the same line. It not only makes the work more interesting, but one does better work, and is stimulated by the fact that friends are doing the same in other places, and that you are free to call on them for advice in a way that you could not do if you had not met them face to face. One of the trade journals not long ago had an article on the value of conventions, and stated that "if your business is in such shape that you cannot leave it the prima facie evidence says there is something wrong with your business." If the librarian is too busy to get away for the meetings of the Association, or if the work of the library cannot be left in charge of someone else, it is high time for the librarian to attend the meeting so as to get far enough away from the local problems to view them in the true prospective, and to find out what is the matter. Every well regulated organization should be able to run a certain length of time almost by its own force. You will go home from the meetings filled with new ideas and new resolves, and what is more important the energy to carry them out.

LOCAL MEDICAL HISTORY.

The medical library should be the repository of all the papers and books, and other items relating to the medical history of the community which it serves. The best time to collect such items is while they are new and before they have become objects of great rarity. The collection should include all the publications by medical men in the community whether on medical topics or not. It should also include biographical data concerning members of the profession, which should, from time to time, be collected and printed somewhat after the manner of the biographical section in Cordell's Medical Annals of Maryland. When the library is situated in one of the older communities a museum case of books belonging to the physicians of former days is of great interest. Thus at the Library of the Medical and Chirurgical Faculty of Maryland there is a collection of books from the library of Dr. Upton Scott, its first President in 1799; an interesting and valuable collection, and throwing considerable light upon the mental pabulum of our medical forefathers. The books which physicians write that are not medical are very apt to go uncollected, and usually after a very short time are out of print and sooner or later become curiorities. If there is a committee, or some officer detailed to collect this material it simplifies the problem greatly, and makes for a complete collection that would otherwise not be obtained. It is well to chose an officer whose taste lies in this direction and a person of considerable energy. The libraries in the old communities are still filling in such items, and in many instances they can only be secured by careful search in the libraries of physicians and laymen or by attending book sales where they appear from time to time in the catalogue.

Is your library looking after these things? If not it is failing in one of its duties to the profession of the community in which it is situated.

GOOD OPENING FOR LIBRARIAN.

There is a vacancy for a well trained librarian, capable of developing a first class medical library at the College of Medicine, Baylor University, Dallas, Texas. The position carries a very good salary. Further information may be obtained by addressing Mr. William J. Meyers, the Secretary.